

<i>SERFF Tracking Number:</i>	<i>AMLC-125892786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>40806</i>
<i>Company Tracking Number:</i>	<i>2009GSP2</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2009 Hospital and Surgical Expense Policy Form GSP2</i>		
<i>Project Name/Number:</i>	<i>2009 Rate Filing/2009GSP2</i>		

Filing at a Glance

Company: United American Insurance Company

Product Name: 2009 Hospital and Surgical Expense Policy Form GSP2 SERFF Tr Num: AMLC-125892786 State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 40806

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: 2009GSP2 State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor
 Author: Sue Fisher Disposition Date: 11/17/2008
 Date Submitted: 11/07/2008 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Rate Filing

Project Number: 2009GSP2

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: A filing was submitted to Nebraska our state of domicile on November 7, 2008 and is pending review

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 5%

Group Market Type:

Filing Status Changed: 11/17/2008

State Status Changed: 11/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Attached is our 2009 Rate Filing for Hospital and Surgical Expense Policy Form GSP2. We are requesting a rate change as indicated on our Rate Filing Summary Pages and as listed below.

<i>SERFF Tracking Number:</i>	<i>AMLC-125892786</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2009GSP2</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
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<i>Project Name/Number:</i>	<i>2009 Rate Filing/2009GSP2</i>		

GSP2 +5.0% Average

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

Company and Contact

Filing Contact Information

Sue Fisher, Rate Compliance Specialist
3700 S. Stonebridge Drive
McKinney, TX 75070

sfisher@torchmarkcorp.com
(972) 569-3241 [Phone]
(972) 569-3679[FAX]

Filing Company Information

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070-8080
(972) 529-5085 ext. [Phone]

CoCode: 92916
Group Code: 290
Group Name: Liberty National
FEIN Number: 73-1128555

State of Domicile: Nebraska
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	11/07/2008	23786228

SERFF Tracking Number:	AMLC-125892786	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/17/2008	11/17/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/10/2008	11/10/2008	Sue Fisher	11/14/2008	11/14/2008

<i>SERFF Tracking Number:</i>	<i>AMLC-125892786</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/17/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 5% average rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary.
2. After the first annual anniversary of the policy, rates will not be given more than once in a twelve-month period.
3. All increases in rates, other than a change in age or a change in zip code factor, must be submitted for approval.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
United American Insurance Company	5.000%	\$	1,878	\$	%	%	5.000%

<i>SERFF Tracking Number:</i>	<i>AMLC-125892786</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	2009 GSP2 Supporting Documents	Approved-Closed	No
Supporting Document	Response to 11-10-08 objection	Approved-Closed	Yes
Rate	2009 AR GSP2 Rate pages	Approved-Closed	Yes

SERFF Tracking Number: AMLC-125892786 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 40806
Company Tracking Number: 2009GSP2
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: 2009 Hospital and Surgical Expense Policy Form GSP2
Project Name/Number: 2009 Rate Filing/2009GSP2

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/10/2008
Submitted Date 11/10/2008
Respond By Date
Dear Sue Fisher,
This will acknowledge receipt of the captioned filing.

Objection 1

- 2009 GSP2 Supporting Documents (Supporting Document)

Comment: You are requesting a 5% Average increase. What is the minimum and maximum increase?

Also under Nationwide average rate increase, there is listed premium trends for 2010 thru 2014. Does this mean that you are requesting trend increases for these years? Arkansas does not allow trend increases.

Please feel free to contact me if you have questions.
Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/14/2008
Submitted Date 11/14/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Attached is our response letter

Related Objection 1

Applies To:
- 2009 GSP2 Supporting Documents (Supporting Document)

SERFF Tracking Number:	AMLC-125892786	State:	Arkansas
Filing Company:	United American Insurance Company	State Tracking Number:	40806
Company Tracking Number:	2009GSP2		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	2009 Hospital and Surgical Expense Policy Form GSP2		
Project Name/Number:	2009 Rate Filing/2009GSP2		

Comment:

You are requesting a 5% Average increase. What is the minimum and maximum increase?

Also under Nationwide average rate increase, there is listed premium trends for 2010 thru 2014. Does this mean that you are requesting trend increases for these years? Arkansas does not allow trend increases.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response to 11-10-08 objection

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Sue Fisher

SERFF Tracking Number:	AMLC-125892786	State:	Arkansas
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Company Tracking Number:	2009GSP2		
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Project Name/Number:	2009 Rate Filing/2009GSP2		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	14.000%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	5.000%	5.000%		1,878		%	%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved- Closed	2009 AR GSP2 Rate pages	GSP2	Revised	Previous State Filing Number: Percent Rate Change Request:	36958 5 2009 AR GSP2 Rate Pages.pdf

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP2

Hospital and Surgical Expense Policy

ARKANSAS

Current and Proposed Annual Premium Rates Per Unit

Benefit Type	Issue Age	Current Rates		Proposed Rates	
		Male	Female	Male	Female
Outpatient (Non Surgery Charges)	CHILD (00-17)	\$77.00	\$77.00	\$77.00	\$77.00
1 unit = \$100 maximum benefit	18-25	88.00	132.00	88.00	132.00
	26-30	88.00	132.00	88.00	132.00
	31-35	88.00	132.00	88.00	132.00
	36-40	88.00	132.00	88.00	132.00
	41-45	88.00	132.00	88.00	132.00
	46-50	88.00	132.00	88.00	132.00
	51-55	88.00	143.00	88.00	143.00
	56-60	110.00	154.00	110.00	154.00
	61-63	132.00	165.00	132.00	165.00
Surgery (Physician Charges)	CHILD (00-17)	\$40.26	\$40.26	\$43.28	\$43.28
1 unit =	18-25	53.68	67.10	57.71	72.13
Up to \$2,500 surgical operation benefit;	26-30	67.10	93.94	72.13	100.99
Up to 20% for assistant surgeon;	31-35	67.10	107.36	72.13	115.41
Up to 25% for anesthesiologist	36-40	80.52	107.36	86.56	115.41
	41-45	93.94	120.78	100.99	129.84
	46-50	134.20	134.20	144.27	144.27
	51-55	161.04	147.62	173.12	158.69
	56-60	187.88	161.04	201.97	173.12
	61-63	214.72	187.88	230.82	201.97
Physician Charges (Outpatient)	CHILD (00-17)	\$66.00	\$66.00	\$66.00	\$66.00
1 unit =	18-25	88.00	88.00	88.00	88.00
Up to \$25 per visit;	26-30	99.00	110.00	99.00	110.00
Up to \$50 physical exam benefit per year;	31-35	99.00	121.00	99.00	121.00
\$250 maximum benefit per year	36-40	99.00	121.00	99.00	121.00
	41-45	99.00	132.00	99.00	132.00
	46-50	110.00	132.00	110.00	132.00
	51-55	110.00	143.00	110.00	143.00
	56-60	132.00	165.00	132.00	165.00
	61-63	154.00	198.00	154.00	198.00
Miscellaneous	CHILD (00-17)	\$16.50	\$16.50	\$16.50	\$16.50
1 unit =	18-25	16.50	16.50	16.50	16.50
Physician in-hospital fee up to \$50 per day	26-30	16.50	16.50	16.50	16.50
and \$2,000 maximum;	31-35	16.50	16.50	16.50	16.50
Registered Nurse in-hospital benefit (up to	36-40	16.50	16.50	16.50	16.50
\$100 per 8 hour shift, 3 shifts per day, 90 day	41-45	16.50	16.50	16.50	16.50
maximum);	46-50	16.50	16.50	16.50	16.50
Ambulance service (\$200 maximum);	51-55	33.00	16.50	33.00	16.50
Accidental death benefit of two times paid	56-60	33.00	33.00	33.00	33.00
premiums	61-63	33.00	33.00	33.00	33.00

Modal Premium Factors:

Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	1/11

Modal Premium = (Annual Premium) x (Modal Premium Factor)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form GSP2

Hospital and Surgical Expense Policy

ARKANSAS

Current and Proposed Annual Premium Rates Per Unit

Benefit Type	Issue Age	Current Rates		Proposed Rates	
		Male	Female	Male	Female
Hospital (Inpatient Charges and Outpatient Surgery Charges)	CHILD (00-17)	\$80.52	\$80.52	\$86.56	\$86.56
For policies with less than 4 units	18-25	120.78	147.62	129.84	158.69
1 unit =	26-30	134.20	187.88	144.27	201.97
Up to \$500 per day for first 10 days;	31-35	147.62	201.30	158.69	216.40
Up to \$250 per day for next 30 days;	36-40	187.88	214.72	201.97	230.82
\$12,500 maximum benefit	41-45	228.14	241.56	245.25	259.68
	46-50	295.24	281.82	317.38	302.96
	51-55	362.34	335.50	389.52	360.66
	56-60	442.86	362.34	476.07	389.52
	61-63	509.96	416.02	548.21	447.22
Hospital (Inpatient Charges and Outpatient Surgery Charges)	CHILD (00-17)	\$80.52	\$80.52	\$86.56	\$86.56
For policies with at least 4 units but less than 6 units	18-25	107.36	134.20	115.41	144.27
1 unit =	26-30	120.78	161.04	129.84	173.12
Up to \$500 per day for first 10 days;	31-35	134.20	187.88	144.27	201.97
Up to \$250 per day for next 30 days;	36-40	161.04	201.30	173.12	216.40
\$12,500 maximum benefit	41-45	214.72	228.14	230.82	245.25
	46-50	268.40	254.98	288.53	274.10
	51-55	335.50	308.66	360.66	331.81
	56-60	416.02	335.50	447.22	360.66
	61-63	469.70	375.76	504.93	403.94
Hospital (Inpatient Charges and Outpatient Surgery Charges)	CHILD (00-17)	\$67.10	\$67.10	\$72.13	\$72.13
For policies with at least 6 units but less than 8 units	18-25	93.94	120.78	100.99	129.84
1 unit =	26-30	107.36	147.62	115.41	158.69
Up to \$500 per day for first 10 days;	31-35	120.78	174.46	129.84	187.54
Up to \$250 per day for next 30 days;	36-40	147.62	187.88	158.69	201.97
\$12,500 maximum benefit	41-45	201.30	214.72	216.40	230.82
	46-50	254.98	241.56	274.10	259.68
	51-55	308.66	281.82	331.81	302.96
	56-60	375.76	308.66	403.94	331.81
	61-63	429.44	348.92	461.65	375.09
Hospital (Inpatient Charges and Outpatient Surgery Charges)	CHILD (00-17)	\$67.10	\$67.10	\$72.13	\$72.13
For policies with 8 units or more	18-25	93.94	120.78	100.99	129.84
1 unit =	26-30	107.36	147.62	115.41	158.69
Up to \$500 per day for first 10 days;	31-35	120.78	161.04	129.84	173.12
Up to \$250 per day for next 30 days;	36-40	147.62	174.46	158.69	187.54
\$12,500 maximum benefit	41-45	187.88	201.30	201.97	216.40
	46-50	241.56	228.14	259.68	245.25
	51-55	281.82	254.98	302.96	274.10
	56-60	348.92	281.82	375.09	302.96
	61-63	402.60	322.08	432.80	346.24

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Supporting Document Schedules

Satisfied -Name:	Health - Actuarial Justification	Review Status:	
Comments:		Approved-Closed	11/17/2008
Attachment:			
	2009 GSP2 Actuarial Memorandum 55% LR.pdf		

Satisfied -Name:	Response to 11-10-08 objection	Review Status:	
Comments:		Approved-Closed	11/17/2008
Attachment:			
	2009 AR GSP2 Response to 11-10-08 objection.pdf		

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

POLICY FORM GSP2
HOSPITAL AND SURGICAL EXPENSE POLICY

2009 RATE FILING

ACTUARIAL MEMORANDUM

This actuarial memorandum contains a general description of some policy provisions; it does not change the policy. Benefits are paid as specified in the complete policy.

BENEFITS

This policy provides benefits for the following expenses. Some benefits are subject to deductibles and/or coinsurance and all benefits are subject to maximums.

- 1) Hospital expenses including room charges, and miscellaneous services and supplies
- 2) Intensive care expenses
- 3) Outpatient hospital expenses including diagnostic imaging
- 4) Surgical operations and administration of anesthetic
- 5) In-patient and outpatient physician charges
- 6) In-hospital registered nurse services
- 7) Ambulance service
- 8) Refund of premiums for loss of life from injury
- 9) OPTIONAL: Double benefits for Outpatient Physician charges
- 10) OPTIONAL: Critical Illness Benefit (including cancer)*
- 11) OPTIONAL: Accident Benefits
- 12) Other mandated benefits, if any, as may be required by your state

* In some states, these benefits are provided by two separate riders.

There are three versions of this policy. Each version has varied benefit maximums for each type of expense.

RENEWABILITY

This policy form is guaranteed renewable for life, subject to the company's right to change premiums by class.

MARKETING METHOD AND ELIGIBILITY

This is an individual policy form marketed by licensed agents to persons ages 0 through 63.

NATIONWIDE ISSUE YEARS (DATES MAY VARY IN YOUR STATE)

2005 - Present

APPLICATION OF RATES

The schedule of proposed premium rates applies to policies issued in your state.

UNITED AMERICAN POLICY FORM GSP2
2009 RATE FILING
ACTUARIAL MEMORANDUM
Page 2

SCOPE AND REASON

The purpose of this rate filing is to demonstrate that the anticipated loss ratio of this product, reflecting any requested increase in premium rates, meets the minimum requirements of your state. This rate filing is not intended to be used for any other purpose.

The change in premiums requested for your state is shown on the Rate Filing Summary. The increase in premium rates requested at this time is based on experience.

DETERMINATION OF RATES

Proposed premium rates were determined based on historical experience. These premium rates were set to achieve at least the minimum required loss ratio, calculated with interest.

PREMIUM COMPARISON

The current premium rates are included on the schedule of proposed premium rates.

EXPERIENCE

Nationwide experience from inception is enclosed.

LOSS RATIO

It is anticipated that the required minimum loss ratio for this policy form, 55%, will be met.

CERTIFICATION

I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this opinion.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws and regulations of this state and that the benefits of the policies are reasonable in relation to the premiums charged because they meet or exceed loss ratio requirements.

11/4/08
Date

John Buss
John Buss, ASA, MAAA
Associate Health Actuary

united american insurance company

November 14, 2008

VIA SERFF

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

ATTN: Ms. Rosalind Minor

RE: **2009 Rate Filing**
Hospital and Surgical Expense Policy Form **GSP2**
NAIC# 92916
SERFF Filing Number AMLC-125892786
State Tracking Number 40806

I am responding your SERFF objection dated November 10, 2008.

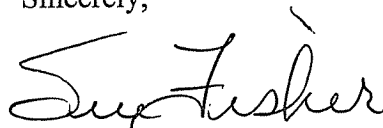
The minimum increase to any one insured would be 4.3% and the maximum increase would not be more than 6.3%.

We are not asking for approval of any future trend increases. Trend is included in the projections because we anticipate an increase in claims. Any increase actually necessitated will be filed for approval at the appropriate time.

If you have any additional questions, I may be contacted at (972) 569-3241, by E-mail at sfisher@torchmarkcorp.com. or via SERFF.

We look forward to a favorable and timely response.

Sincerely,



Sue Fisher
Rate Compliance Specialist

Enclosures